

# Maine CDC/DHHS Update on 2009 H1N1 Influenza Virus

## December 10, 2009

### Highlights

- The H1N1 total vaccine supply in the state has doubled in just over two weeks. Many people in priority groups who have waited for H1N1 vaccine should now be able to more easily access it.
- Although we are seeing some decrease in flu activity, we expect the H1N1 flu virus to continue to circulate and additional surges are also possible. We expect to experience a seasonal flu surge as well, as we normally do sometime in the winter. There is still more influenza across the country than is usually seen this time of year, and vaccination remains the best protection against the flu.
- Now is an excellent time to get vaccinated if you can, so you will be protected during the next wave of flu.

### Flu Activity in Maine and the US

There were three deaths due to H1N1 last week, one of which was included in the weekly report on Dec. 4 and two others reported in a press release Dec. 9. All three were age 50 or older.

All 13 deaths since August occurred in people with multiple underlying health conditions. **People with underlying health conditions should seek vaccine at their specialty providers, primary care providers, or at public clinics listed at [www.maine flu.gov](http://www.maine flu.gov). Anyone with underlying health conditions who experiences flu-like symptoms should contact his or her health care providers immediately** to receive a prescription for antiviral medications (such as Tamiflu®).

There were 31 new hospitalizations due to H1N1 in the last week, up from 25 the week before, and across all age ranges. Although children made up half of all hospitalizations due to H1N1 at one time, only two were hospitalized this past week. Six people required intensive care, all of whom were age 50 or older. Counties of those hospitalized this past week are: Penobscot, 9; Androscoggin, 4; three each in Cumberland, Franklin, and York counties; two each in Knox and Oxford counties; and one each in Aroostook, Hancock, Kennebec, Piscataquis, and Somerset counties.

Of the 175 schools with high absentee rates the past few weeks, only one has reported a high rate this past week (down from 17 the previous week). Outbreaks were also reported in an acute care facility and a long-term care facility. The three outbreaks occurred in Aroostook, Hancock, and York counties.

Flu is unpredictable. Although it appears that flu activity may have peaked during the current wave, **other waves of seasonal and/or H1N1 flu may occur. We expect H1N1 to continue to circulate for months, if not years, to come. Take precautions to prevent serious illness: stay home when sick, cover coughs and sneezes, wash hands frequently, and get vaccinated against both seasonal and H1N1 flu when vaccine is available to you.**

### E-mail Hoax

CDC has **not** implemented a state vaccination program requiring registration on [www.cdc.gov](http://www.cdc.gov). Users who click on e-mails directing people to create a personal H1N1 vaccination profile are at risk of having a computer virus installed on their system. To prevent computer viruses:

- Do not follow unsolicited links and do not open or respond to unsolicited email messages.
- Use caution when visiting untrusted websites.
- Use caution when entering personal information online.

For more information: [http://www.cdc.gov/hoaxes\\_rumors.html](http://www.cdc.gov/hoaxes_rumors.html)

### H1N1 Vaccine Safety

**The benefits of getting the H1N1 vaccine far outweigh the very small risk of serious complications from vaccination.** Some people getting vaccinated will have mild side effects such as pain, redness or swelling in the arm where the shot was given or a runny nose and headache after the nasal spray vaccine.

US CDC and FDA are carefully monitoring the H1N1 vaccine reports and after millions of doses of vaccine being administered in the U.S., the number, pattern and types of adverse event reports are similar to what we see for seasonal influenza vaccine. More than 90% of adverse event reports nationwide have been classified as "not serious" and are things

often seen after vaccinations, such as soreness at the vaccination site. This MMWR features information on H1N1 vaccine safety: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm58e1204a1.htm>.

#### Nasal Spray Vaccine:

The injectable type of H1N1 vaccine is found in relatively smaller quantities than the nasal spray vaccine in Maine right now. **The nasal spray vaccine is a safe and effective vaccine option for healthy people ages 2 through 49 who are not pregnant.**

Nasal spray flu vaccine is not new. It has been used successfully in many settings for seasonal flu vaccination since 2003. Questions often arise about nasal spray vaccine because it contains live viruses. The viruses in the nasal spray vaccine are weakened and **cannot cause the flu**. Side effects, such as runny nose or sore throat, are usually mild and short-lasting, especially compared to getting the flu itself.

Even if you come into regular contact with people who cannot receive the nasal spray vaccine themselves **you may still be able to receive the nasal spray vaccine as long as you are healthy, not pregnant, and age 2 through 49**. The nasal spray vaccine **is safe** for breastfeeding mothers. **Health care workers who cannot receive the vaccine themselves (due to pregnancy, health condition, or age) may still administer the vaccine.**

People who should **not** receive the H1N1 nasal spray vaccine include:

- Children younger than 2 years-old;
- Pregnant women;
- People age 50 and older;
- People with a medical condition that places them at higher risk for complications from flu, including those with chronic heart or lung disease, such as asthma or reactive airways disease; people with medical conditions such as diabetes or kidney failure; or people with illnesses that weaken the immune system, or who take medications that can weaken the immune system;
- Children younger than 5 years-old with one or more episodes of wheezing in the last year;
- Children or adolescents receiving aspirin therapy;
- People who have had Guillain-Barré syndrome (GBS), a rare disorder of the nervous system, within 6 weeks of getting a flu vaccine;
- People who have a severe allergy to chicken eggs or who are allergic to any of the nasal spray vaccine components;
- Health care workers who are providing medical care for patients who require special environments in the hospital because they are profoundly immunocompromised (i.e., patients undergoing bone marrow or stem cell transplantation).

#### H1N1 Vaccine Supply and Prioritization

Since October, we have received about 455,300 doses of H1N1 vaccine in Maine. Although this is a significant increase from last week, it is still only **about 65% of what is needed for priority populations in the state.**

Our current priorities for vaccine are:

- **Pregnant women** and recently pregnant women;
- **Caregivers and household members of infants younger than 6 months old;**
- **All people 6 months through 24 years of age;**
- **People ages 25 through 64 with underlying medical conditions**, including COPD, asthma, chronic heart disease (except hypertension), kidney disease, liver disease, cognitive disability, neurologic/neuromuscular, blood disorder, metabolic disorders (including diabetes) or compromised immune systems (including HIV, organ transplant, people undergoing chemotherapy);
- and the following health care workers: **inpatient and outpatient health care workers with frequent direct contact with high priority patients and infectious materials**, including all EMS as well as nurses and doctors working in outpatient primary care practices, specialty practices, and schools. Any other health care worker who falls into one or more of the other priority groups above should also be vaccinated.

In general, the reasons for health care workers to be vaccinated are because they can transmit flu to their patients, who generally are more vulnerable to flu. Therefore, the category of health care workers who should receive vaccine at this

time is those who work closely with the other high priority populations such as pregnant women and children. However, the best way to provide protection to these other priority populations is to provide them vaccine.

**Maine CDC asks that the nasal spray vaccine be used for all healthy, non-pregnant health care workers younger than 50**, unless they care for patients undergoing bone marrow or stem cell transplantation (i.e., patients who require a protected environment) or have another contraindication (see above list). The reason is that at this point in time there are not sufficient supplies of injectable vaccine for those with underlying conditions who can only be given the injectable vaccine. If healthy health care workers who qualify for the nasal spray are given injectable vaccine, this can easily deplete the injectable vaccine supply for those who are most vulnerable to being hospitalized or dying from H1N1.

Nearly all K-12 schools in the state have offered initial doses of vaccine to their students; some schools are beginning to hold second dose clinics for children ages nine and younger who need a booster dose 28 days after the initial dose and for students who were unable to receive vaccine during initial clinics.

Vaccine has been distributed to over 360 health care providers in the state, including specialty providers who serve people with high risk health conditions, family practices, obstetric and pediatric providers, and hospitals for distribution within their health networks.

Several residential colleges have also received vaccine for their highest risk students and are now beginning to receive nasal spray vaccine for additional students who are prioritized due to their age and the fact that they often live, work, and study in close proximity.

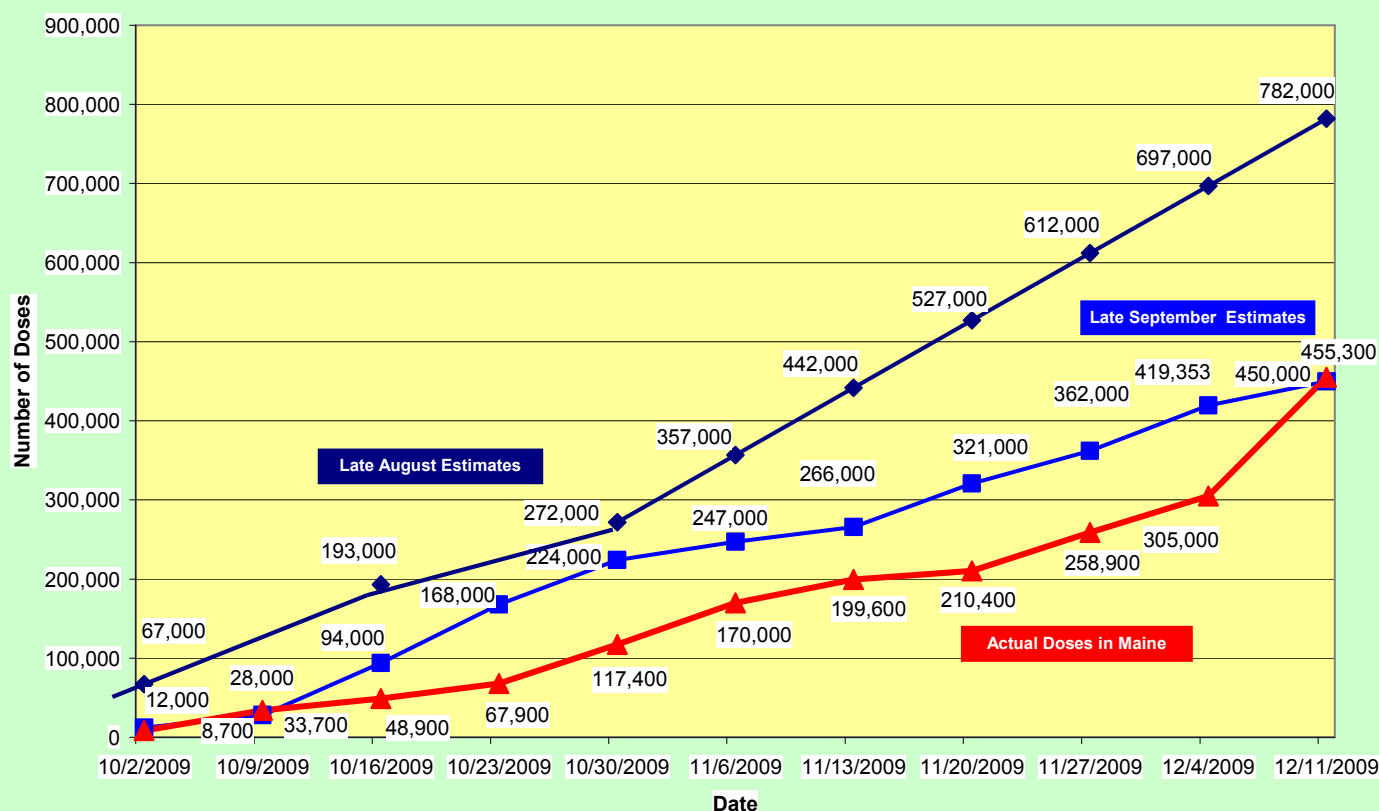
Public clinics are being organized for those in the current priority groups listed above. All public clinics are required to be listed at [www.maine flu.gov](http://www.maine flu.gov). Please check this list frequently as it is updated regularly.

Once all of the prioritized groups have been vaccinated, we anticipate that there will be enough vaccine for anyone who wants it.

#### **H1N1 Vaccination Distribution as of December 10:**

<b>County</b>	<b>H1N1 Doses Distributed as of 12/10</b>	<b>% of Population Covered by Doses as of 12/10</b>	<b>Number of Health Care Providers with H1N1 Vaccine</b>
Washington	14,100	42%	18
Penobscot	64,200	36%	43
Kennebec	43,900	36%	14
Androscoggin	38,200	36%	33
Aroostook	26,600	36%	22
York Cumberland Sagadahoc	177,900	35%	142
Franklin	10,200	34%	9
Piscataquis	5,000	29%	7
Knox/Lincoln Waldo	33,400	29%	29
Somerset	13,800	27%	11
Hancock	14,400	27%	16
Oxford	13,600	24%	17
<b>STATE</b>	<b>455,300</b>	<b>35%</b>	<b>363</b>

## Expected and Actual H1N1 Vaccine Doses in Maine December 10th



### Important Information for Vaccine Administrators

#### No Proof of Health Condition Required:

Vaccine administrators should **not** require people to submit proof of pregnancy or underlying health condition in order to receive vaccine at mass clinics.

#### Distribution Delay in .25 mL Syringe Presentation:

There have been national delays in the .25 mL pre-filled syringe presentation of H1N1 vaccine for children ages 6-35 months. **Maine CDC encourages vaccine administrators to utilize nasal spray vaccine for healthy children ages two and older when available, and the multidose vial presentations that are approved for those 6 months and older.**

#### Vaccine Dose Spacing and Administration:

Those who have questions about H1N1 vaccine dose spacing and administration with seasonal flu or other vaccines should consult this table from US CDC: [http://www.cdc.gov/H1N1flu/vaccination/dosespace\\_admin.html](http://www.cdc.gov/H1N1flu/vaccination/dosespace_admin.html).

Additional vaccine-related information for health care providers can be found on our web site at:

<http://www.maine.gov/dhhs/boh/maineflu/h1n1/hc-providers/vaccine-info-hep.shtml>

#### Reporting Vaccine Administration:

Maine CDC reminds all H1N1 vaccine providers and/or administrators to submit the vaccine administration data into Maine CDC's weekly vaccine reporting system. The weekly vaccine reporting form can be found at:

<http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml>. Detailed instructions are also available at: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/H1N1-Weekly-Reporting-Form-instructions.pdf>.

## **Antiviral Treatment**

Utilization of prescription antivirals to treat people at risk for complications has increased. Maine CDC continues to encourage physicians to prescribe antivirals as appropriate. For more information about antivirals, visit our web site: <http://www.maine.gov/dhhs/boh/maineflu/h1n1/anti-viral.shtml>

US CDC has made the following updates to its interim recommendations on the use of antivirals:

- Information regarding use of intravenous peramivir under an emergency use authorization.
- Information on availability of renal dosing for peramivir.
- Updated oseltamivir dosing instructions for children younger than 1 year of age based on weight.

The updated recommendations can be viewed here: <http://www.cdc.gov/h1n1flu/recommendations.htm>

## **Immunization Requirements for Health Care Workers**

Effective December 8, these rules (<http://www.maine.gov/sos/cec/rules/10/144/144c264.doc>) finalize through regular rulemaking the updated immunization requirements for health care workers. The rules were originally adopted on an emergency basis.

## **Updates from Federal Partners**

- US CDC has issued new step-by-step instructions for caring for someone sick at home: <http://www.cdc.gov/h1n1flu/homecare/>
- The National Institutes of Health (NIH) issued a press release (<http://www3.niaid.nih.gov/news/newsreleases/2009/FluAutopsy.htm>) about a study of 34 fatal cases of H1N1 between May 15 and July 9, 2009. The investigation showed that the virus can damage cells throughout the respiratory airway, much like the viruses that caused the 1918 and 1957 influenza pandemics.

## **Updates to Maineflu.gov**

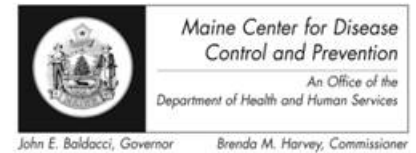
- We have updated the content of our web pages for:
  - **health care providers** (<http://www.maine.gov/dhhs/boh/maineflu/h1n1/health-care-providers.shtml>)
  - **the health care provider toolkit for vaccine clinics** (<http://www.maine.gov/dhhs/boh/maineflu/h1n1/hc-providers/index.shtml>)
  - **school-based vaccine clinics** (<http://www.maine.gov/dhhs/boh/maineflu/schools/index.shtml>)
  - **businesses and employers** (<http://www.maine.gov/dhhs/boh/maineflu/h1n1/businesses.shtml>)
  - **vaccine information** (<http://www.maine.gov/dhhs/boh/maineflu/vaccine-information.shtml>)

## **How to Stay Updated**

- **Flu News:** View current Maine CDC press releases, Thursday weekly updates, and urgent updates from our Health Alert Network (HAN) by visiting: <http://www.maine.gov/dhhs/boh/maineflu/flu-news.shtml>. RSS feeds are available for the weekly updates and HAN.
- **Follow Maine CDC's Social Media Updates:**
  - **Facebook** (search for "Maine CDC")
  - **Twitter** (<http://twitter.com/MEPublicHealth>)
  - **MySpace** ([www.myspace.com/mainepublichealth](http://www.myspace.com/mainepublichealth))
  - **Maine CDC's Blog** (<http://mainepublichealth.blogspot.com>)
- **H1N1 Conference Calls:** Maine CDC will be holding conference calls to provide updates and take questions on H1N1. The next call will be held from **noon to 1 p.m. Monday, December 14**. Call 1-800-914-3396 with the pass code 473623#. During calls, please press \*6 to mute your line and un-mute when you are actively participating.
- **For clinical consultation, outbreak management guidance,** and reporting of an outbreak of H1N1 call Maine CDC's toll free 24-hour phone line at: 1-800-821-5821.
- **For general questions:**
  - call **211** from 8 a.m. to 8 p.m. seven days per week
  - e-mail [flu.questions@maine.gov](mailto:flu.questions@maine.gov)

# Maine Weekly Influenza Surveillance Report

December 8, 2009



## Cumulative data since April 27, 2009

- 2,130 lab tested cases of H1N1 to date
  - 190 Maine residents have been hospitalized
- 13 deaths reported to date
- 89% of lab confirmed H1N1 cases in Maine residents are under the age of 50 (range 0-84 years, mean of 22 years)

## New\* This Week

- Federal Flu Code: Widespread
- 131 new confirmed and probable cases of H1N1 this week
  - 31 new hospitalizations
- 3 new outbreaks reported, 1 in a long term care facility, 1 in an acute care facility and 1 in a K-12 school

\* "New" defined as reported during the previous week (Sunday through Saturday)

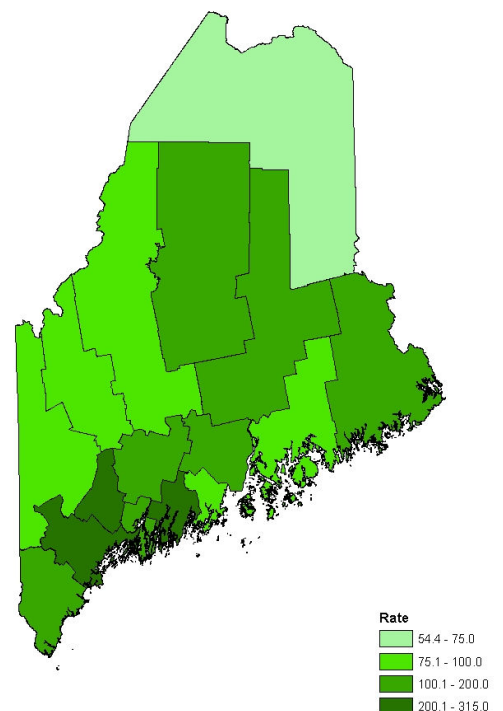
## Characteristics of Lab Confirmed H1N1 Influenza Cases - Maine Residents, 2009

Age		At Risk					Hospital Care			Deaths		
Age Group	#	New	HCW	New	Pregnant	New	Hospitalized	New	ICU	New	#	New
<5	237	23	0	0	0	0	25	1	2	0	0	0
5 to 18	998	21	1	0	0	0	26	1	4	0	0	0
19 to 24	208	11	8	0	6	1	12	1	1	0	1	0
25 to 49	451	39	34	2	21	1	50	7	7	0	2	0
50 to 64	189	25	13	0	0	0	53	12	16	4	6	1
≥65	47	12	1	1	0	0	24	9	8	2	4	2
<b>Total</b>	<b>2130</b>	<b>131</b>	<b>57</b>	<b>3</b>	<b>27</b>	<b>2</b>	<b>190</b>	<b>31</b>	<b>38</b>	<b>6</b>	<b>13</b>	<b>3</b>

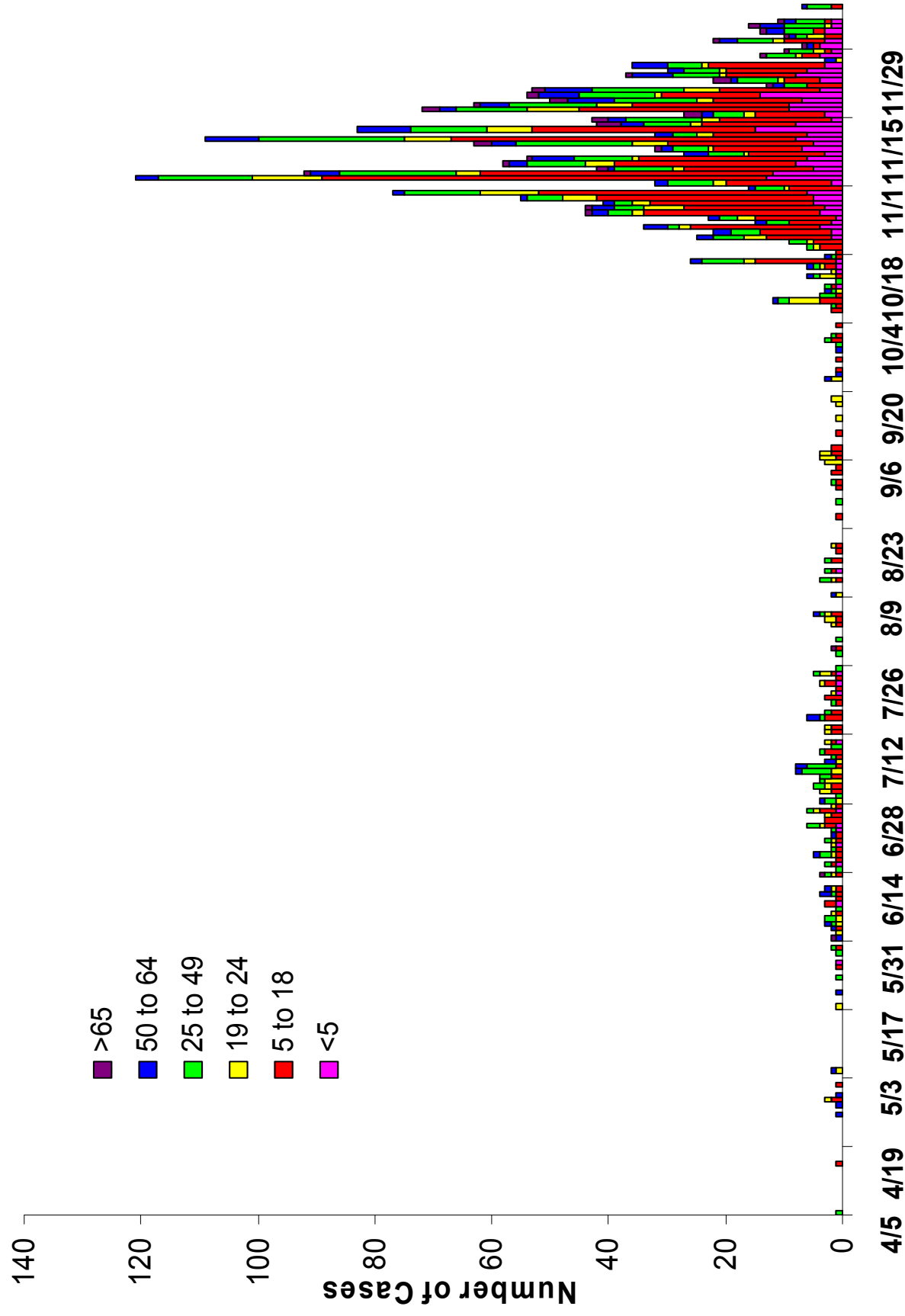
## Lab confirmed H1N1 Influenza Cases by County – Maine Residents, 2009

County	Maine Residents	New	Hosp	New
Androscoggin	229	8	31	4
Aroostook	51	9	3	1
Cumberland	630	32	32	3
Franklin	24	7	5	3
Hancock	44	3	5	1
Kennebec	146	8	14	1
Knox	37	3	5	2
Lincoln	104	6	1	0
Oxford	54	4	6	2
Penobscot	286	14	43	9
Piscataquis	20	1	7	1
Sagadahoc	39	4	0	0
Somerset	43	6	5	1
Waldo	39	6	1	0
Washington	56	5	5	0
York	328	15	27	3
<b>Total</b>	<b>2130</b>	<b>131</b>	<b>190</b>	<b>31</b>

## Lab Confirmed H1N1 Infections per 100,000 People by County - Maine Residents, 2009



Confirmed Cases of H1N1 Influenza By Onset Date\* and Age Group – Maine Residents, 2009

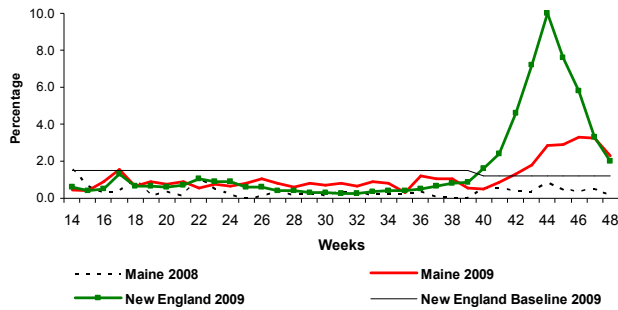


\*if onset date is not available, the date reported to the state is used as the onset date

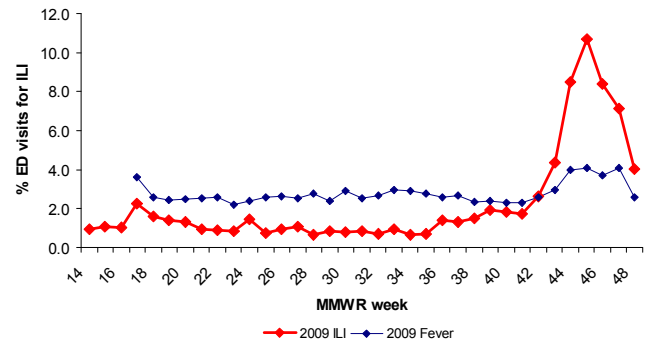


# Surveillance Information

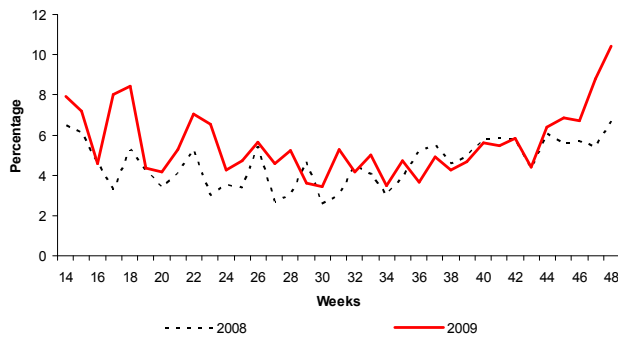
Outpatient Visits for Influenza-like Illness – Maine, 2008-09



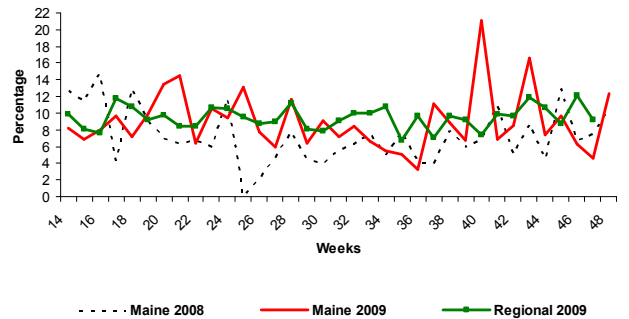
Emergency Department Visits for ILI and Fever at Twelve Hospitals – Maine, 2009



Hospital Admissions Due to Pneumonia or Influenza – Maine, 2008-09



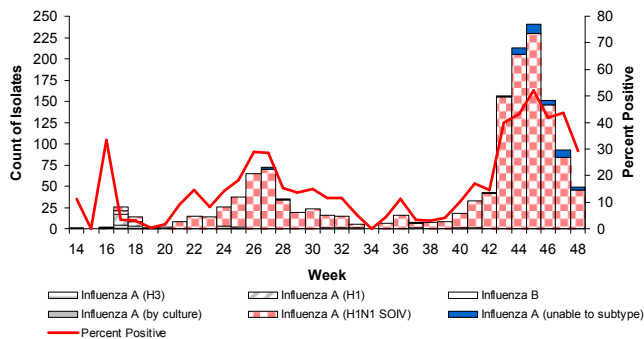
Percentage of Deaths Attributable to Pneumonia or Influenza – Maine, 2008-09



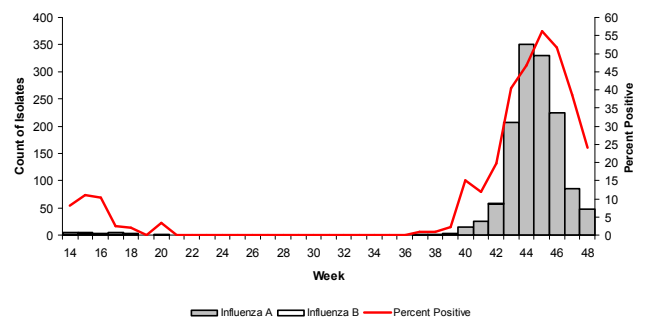
## Lab Data

- 7,393 influenza tests have been performed at HETL since April 27, 2009
  - 18.3% of tests have been positive for H1N1

Respiratory Specimens Positive for Influenza from HETL – Maine, 2009



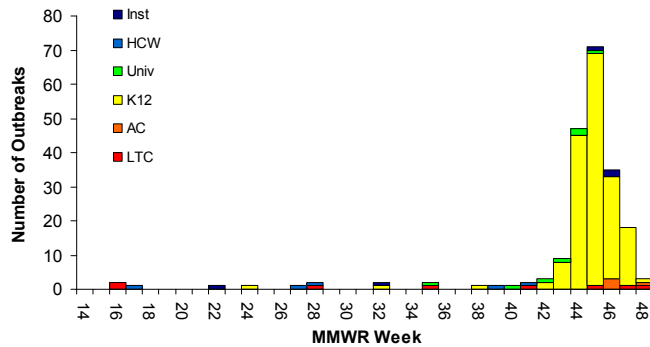
Respiratory Specimens Positive for Influenza from Two Reference Laboratories - Maine, 2009





# Influenza-Like Illness Outbreaks – Maine, 2009

Influenza-Like Illness Outbreaks by Facility Type - Maine, April – present, 2009



## Outbreak Facility Type Key:

LTC - Long Term Care Facility  
 AC - Acute Care Facility (nosocomial)  
 K12 - School (K-12) or daycare  
 Univ - School (residential) or University  
 HCW - Health care workers  
 Inst - Other institutions (workplaces, correctional facilities etc)

Influenza-Like Illness Outbreaks by Facility Type and County - Maine, April – Present, 2009

County	LTC	New	AC	New	K12	New	Univ	New	HCW	New	Inst	New
Androscoggin	0	0	1	0	18	0	1	0	0	0	0	0
Aroostook	0	0	1	1	12	0	0	0	0	0	0	0
Cumberland	1	0	2	0	14	0	1	0	1	0	1	0
Franklin	1	0	0	0	0	0	1	0	0	0	0	0
Hancock	0	0	0	0	9	1	0	0	0	0	0	0
Kennebec	1	0	0	0	24	0	0	0	1	0	0	0
Knox	0	0	0	0	4	0	0	0	0	0	0	0
Lincoln	1	0	0	0	6	0	0	0	0	0	1	0
Oxford	1	0	0	0	9	0	1	0	0	0	0	0
Penobscot	0	0	0	0	33	0	0	0	0	0	2	0
Piscataquis	0	0	0	0	5	0	0	0	0	0	0	0
Sagadahoc	0	0	0	0	3	0	0	0	0	0	0	0
Somerset	0	0	0	0	7	0	1	0	1	0	0	0
Waldo	0	0	0	0	9	0	0	0	0	0	1	0
Washington	1	0	0	0	8	0	1	0	0	0	0	0
York	2	1	0	0	14	0	1	0	0	0	1	0
<b>Total</b>	<b>8</b>	<b>1</b>	<b>4</b>	<b>1</b>	<b>175</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>6</b>	<b>0</b>